

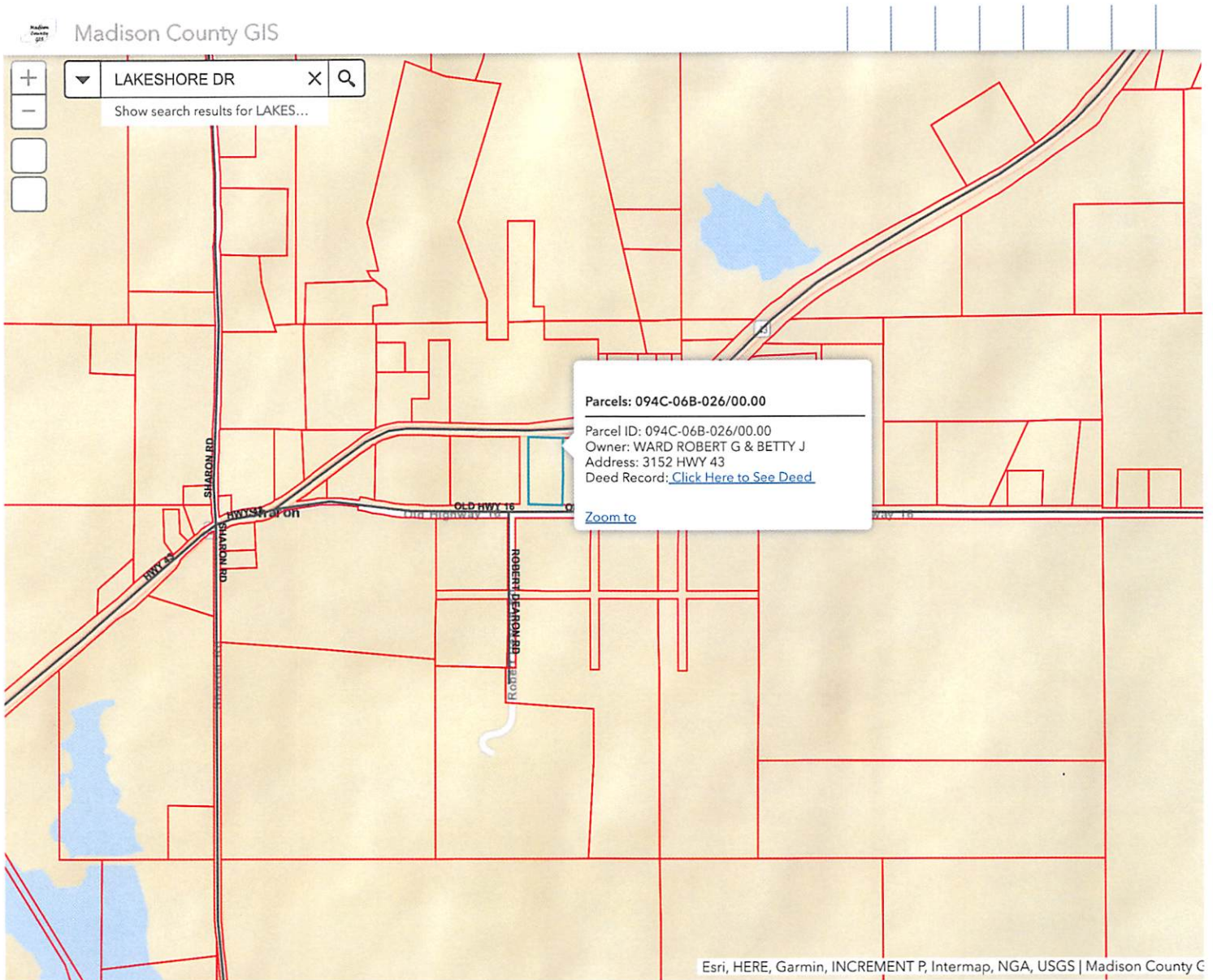
TO WHOM IT MAY CONCERN:

I, Mary A. Dixon, am writing to request that a mobile home be placed on the property of Mary A. Dixon, Marie T. Dixon, and Brittney S. Jenkins, 3152 Hwy 43 N Canton, MS 39046. We are needing the home on the property to house an elderly, senior citizen, which is me, Mary A. Dixon. I purchased this land because I was told that we can put a mobile home there or build from ground up. I have exhausted all my resources into this land and the purchase of a mobile home, which I closed on October 6, 2020. My daughter in law, my grandson and great granddaughter have been living in a one bedroom apartment awaiting our mobile home. Just to find out on Friday, October 9th, that we can't do so. We have to be out of the apartment at the end of this month. We don't have the money to pay rent and a mortgage for a home that we will never live in. I have osteoporosis arthritis in my legs and hand. I'm on a walker and cane. I was living by myself and my daughter in law found me on the floor from falling and barely able to get up. I'm 70 years old and incompetent. Since me falling, my daughter in law has taken me in to care for me. She's a CNA. We have exhausted all our resources, purchasing the land, cleaning it off, and the deposit for the mobile home. We now have a home with nowhere to put it. If we would have known this beforehand, we would have not purchased the land, but we were told that a mobile home could go there from the Realtor. I'm so exhausted and disappointed. Now we are in a position of losing our land and mobile home because we have to find somewhere else to live. We can't afford to pay rent and a mortgage. It's sad and hurting that we have placed all our eggs into this just to be told that it can't happen. I'm lost for words right now. This will place a very high hardship, financially and medically, on me, on us. I don't want to be placed in a senior citizen home. I beg of you. Also, I have my doctor's papers if need to be looked at. This will be a hardship for us. Also, due to my age and health. Attached is a copy of my last doctor appointment. Please find it in your heart to allow us to do so. God bless.

Thank you for your time and consideration in this matter. If there are further questions or comments, I can be reached at 601-672-4781.

Sincerely,

Mary A. Dixon



Parcels: 094C-06B-026/00.00

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Parcel ID: 094C-06B-026/00.00  
Owner: WARD ROBERT G & BETTY J  
Address: 3152 HWY 43  
Deed Record: [Click Here to See Deed](#)

[Zoom to](#)

Esri, HERE, Garmin, INCREMENT P, Intermap, NGA, USGS | Madison County G

600ft  
-89.925 32.662 Degrees

10/06/20

Street Address File

15:43:54

Action DISPLAY

Sequence Number 59049

Name WARD ROBERT G  
\_\_\_\_\_  
\_\_\_\_\_

No 3152 Street HWY 43 Dir \_\_\_ Apt/Lot \_\_\_\_\_

City CANTON Zip 39046 Phone \_\_\_\_\_

ESN 207 FARMHAVEN (OUTSIDE CITY LIMIT) XCH 01 CANTON

Date entered 2001/04/13

Use Code U UNDER CONSTRUCTION

LFM 2006/03/28-16:13:49

Parcel N/A GPS \_\_\_\_\_

Subdivision \_\_\_\_\_

Electric Utility \_\_\_

Gas Utility \_\_\_

Sewer Utility \_\_\_

Water Utility \_\_\_

Notes Exist? N

F1,menu - F4,HELP - F7,exit - F8,Use Codes

F5,MSAG xref - F6,ZIP xref - F9,Utilities - F10,Notes - F11,Subdivision.

*Alvina Boyd-Peterson*  
*EMA Admin Assistant*

# Permit/Recommendation

This document is proof that a Notice of Intent has been filed as per  
Section 41-67-5, Mississippi Code of 1972, Annotated

The Mississippi State Department of Health has examined the soil and terrain of the property indicated below. The following recommendations are made using soil and site analysis principles and our best efforts. The Mississippi State Department of Health makes no warranty or representation as to any wastewater system installed. Recommendations may be voided if grading or fill changes the soil characteristics or if plat (dwelling or private water well) is changed and/or relocated. If you have any questions about your Permit/Recommendation, please contact the environmentalist of record. Current Certified Installers can be verified from [www.healthvms.com/wastewater](http://www.healthvms.com/wastewater) or verified by environmentalists.

| Applicant:   | Property:   | Soil and Site Evaluation:   |
|--|---|---|
| Mary Dixon<br>2021 Hwy 43 North Apt 102<br>Canton MS 39046 | 3152 Hwy 43 N<br>Canton 39046<br>Section: Township: Range:<br>Subdivision Name<br>Lot Number:<br>Lot Size: 1.00 Acres 43560 sq. ft. | Slope: 1.00 %      Soil Textures:<br>Top Soil: Heavy Loam<br>Sub Soil: Heavy Loam<br>Seasonal High Water 12 Inches<br>Restriction 12 Inches<br>Sensitive Water No |

| Application:   | Water Supplier: | Soil and Site Evaluation:   |
|--|-----------------|---|
| Type of Residence<br>Estimated Usage: 520 GPD<br>Application Type:<br>Notice Of Intent (Residential) + Final Approval (\$197.50) | Drinking Public | ID: 253066/198333<br>Date Issued: 10/6/2020<br>Expiration Date: 10/6/2021<br><br>Non-transferrable, valid for one (1) year from date issued.<br>Notice of Intent filed: 10/6/2020 |

GPD = Gallons Per Day      N/A = Not Available      H = Horizontal      T = Triangular

| Treatment:                  |     |                                |   |
|-----------------------------|-----|--------------------------------|---|
| Septic Tank (with baffles): | N/A | Septic Tank (without baffles): | N/A      Advanced Treatment System (ATS): 520 GPD |

| Disposal:     |     |  |
|---------------|-----|--|
| Maximum Depth | N/A | Backfill Required : 12 inches minimum above the top of aggregate or prod |

| Aggregate (Gravel/Tire Chips) Options |     |  |
|---------------------------------------|-----|--|
| Trench (2 ft wide)                    | N/A | Trench (3 ft wide) N/A      Absorption Bed N/A |

| Aggregate Replacement Options   |  |  |  |
|---|--|--|--|
| <b>Large Diameter Pipe</b><br>Double 6 inch      N/A<br>8 inch      N/A<br>10 inch      N/A | <b>Chambers</b><br>Total Coverage Area Required      N/A<br>Linear Footage Required for Selected Chamber Widths<br>16":      N/A      22":      N/A      34":      N/A |  |  |

| Expanded Polystyrene System (EPS)   | Multi-Pipe System (MPS)  |
|---|--|
| 3-10H:      N/A      1-12H:      N/A<br>3-10T:      N/A      2-12H:      N/A<br>3-12H:      N/A | MPS - 9      N/A      MPS 3609      N/A<br>MPS - 11      N/A      MPS 3611      N/A<br>MPS - 13      N/A      MPS 3613      N/A<br>MPS - 14      N/A |

| ATS Specific Disposal Options   | Additional Disposal Options   |
|---|---|
| Drip Irrigation      868      Feet      Backfill Require      6      Inches<br>Spray Irrigation      5548      Square Feet      Backfill Require      N/A | Elevated Sand Mound<br>Basal      1156      Square Feet<br>Absorption      433      Square Feet |
| <b>Overland Discharge</b><br>1 Point      N/A<br>2 Point      N/A<br>4 Point      N/A   |   |

**General Placement/Location of Soil Boring(s):**

Grid area for General Placement/Location of Soil Boring(s).

**Notes:**

**Author:** KENNETH EVANS

The applicant owns 2.6 acres in total, but separated one acre for her mortgage. If the system and its disposal are not maintained on the acre the home is to be placed on, the applicant will need to grant herself a perpetual wastewater easement.

**Next Steps:**

Please make several copies of this document (Permit/Recommendation), and supply to the following if applicable:

- \* Public utility supplying water, to receive a water meter
- \* Certified well driller, if water source is from a private well
- \* County Code Office (Planning Department), placement/building permit
- \* Certified Installer, for installation

**REMINDER:** Approval of the design, construction or installation of an Individual On-site Wastewater Disposal System by the Department is required. The Certified Installer is responsible for notifying the Department 24-hours before beginning installation of your Individual On-site Wastewater Disposal System and, at that time, to schedule a time for inspection of the system with the Department.

After the inspection, you must provide the Department with the following to obtain Final Approval:

- \* Affidavit - Installation (From the Certified Installer)
- \* Affidavit - Maintenance (From you, if an Advanced Treatment System was installed)
- \* An additional fee of \$97.50 may be required for Final Approval, if not paid with initial application (Please see "Application" box on this form).

PLEASE BE AWARE, the Department cannot give Final Approval to any installation that occurs without inspection by the Department at the time of installation.

**REMINDER:** If any person or Certified Installer fails to obtain Final Approval or submit an Affidavit of proper installation to the Department in the installation of the system, the Department, after due notice and hearing, may levy an administrative fine not to exceed \$10,000.00. Also, if any person is operating in the state as an installer without certification by the Department, the Department, after due notice and opportunity for an administrative hearing, may impose a monetary penalty not to exceed \$10,000.00 for each violation as per Section 41-67-7(4) and 41-67-25(8) of the Mississippi Individual On-site Wastewater Disposal System Law.

**Environmentalist Signature:**

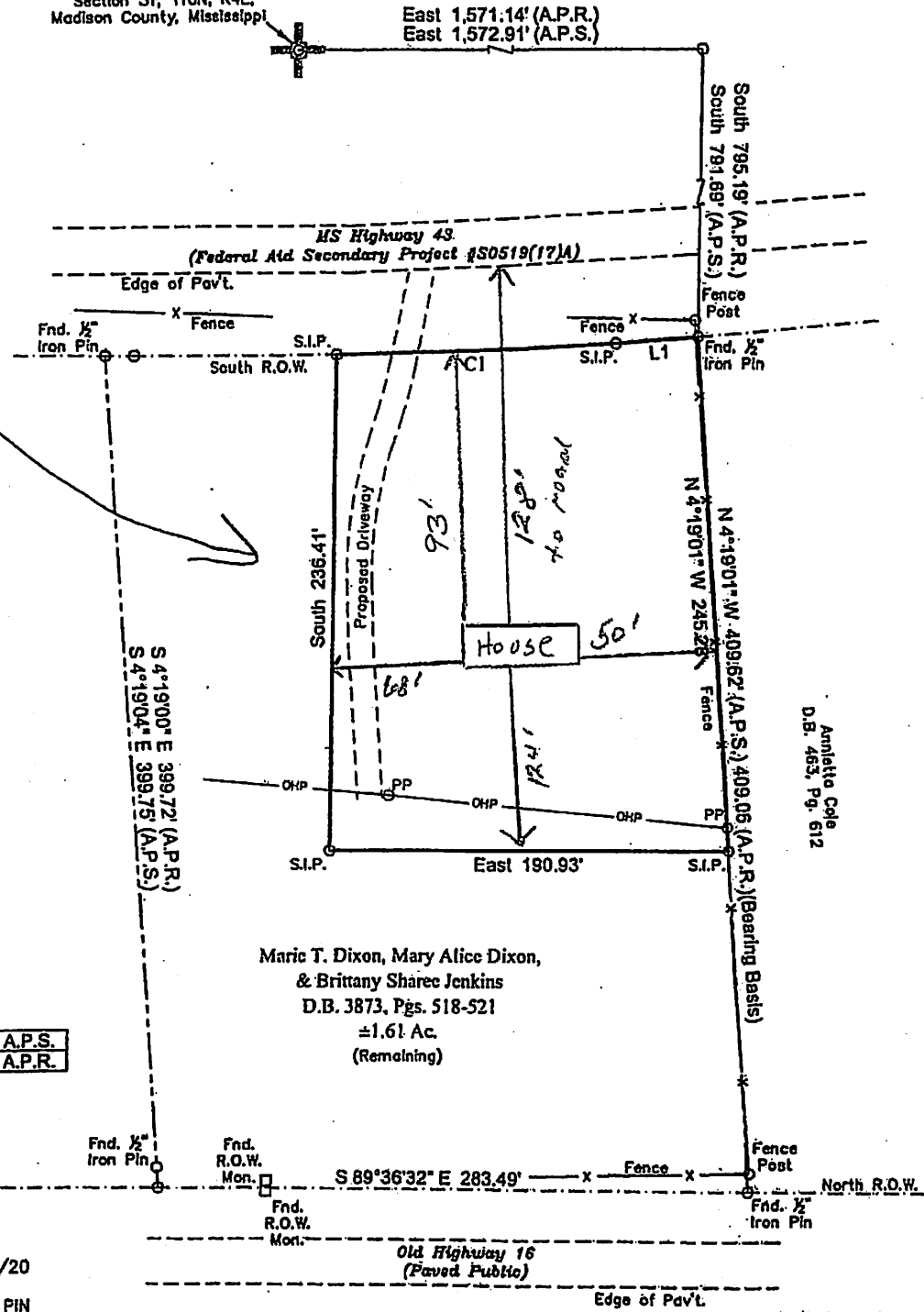
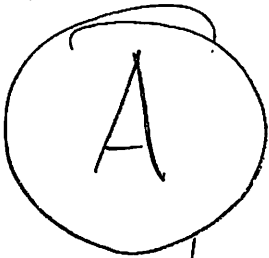
**Date:**

10/6/2020

# PLAT OF SURVEY DIXON PROPERTY

BEING PART OF BLOCKS 2 & 3, SQUARE 6, TOWN PLAT OF SHARON,  
BEING SITUATED IN THE NW 1/4 OF SECTION 6, T9N, R4E,  
MADISON COUNTY, MISSISSIPPI

Point of Commencement  
At a found fence corner  
marking the SW corner of  
Section 31, T10N, R4E,  
Madison County, Mississippi



Annette Cole  
D.B. 463, Pg. 612

CI  
Delta=2°37'19"  
A=133.39'  
R=2914.91'  
T=66.71'  
Ch=133.38'  
Brg=S 87°48'07" W

| Boundary Line Table |               |          |        |
|---------------------|---------------|----------|--------|
| Line                | Bearing       | Distance |        |
| L1                  | S 85°32'08" W | 39.30'   | A.P.S. |
|                     | S 86°27'02" W | 39.24'   | A.P.R. |

Marie T. Dixon, Mary Alice Dixon,  
& Brittany Sharee Jenkins  
D.B. 3873, Pgs. 518-521  
±1.61 Ac.  
(Remaining)



SCALE: 1" = 80'

DATE OF FIELD SURVEY: 9/10/20

S.I.P. = SET 1/2" x 18" IRON PIN

DEED BOOK 3873, PAGES 518-521

BEARINGS BASED ON DEED ROTATION

CLASSIFICATION:  
THIS SURVEY MEETS THE REQUIREMENTS OF THE STANDARDS OF

I certify that the information on this plat is thorough and accurate to the best of my knowledge.

AEL RA

**Prepared by:**  
Stephen G. Younger, Esq.  
840 East River Place, Suite 608  
Jackson, MS 39202  
Tel. No. 601-353-1571  
MSB #6671

**Return to:**  
Stephen G. Younger, Esq.  
840 East River Place, Suite 608  
Jackson, MS 39202  
Tel. No. 601-353-1571

14-26<sup>2</sup>

**Indexing instructions:**  
NW ¼, Sec. 6, T9N, R4E  
Blocks 2 & 3, Square 6, Town Plat of Sharon  
Madison County, Mississippi

**Grantor:**  
P.O. Box 2293  
Overgaard, AZ 85933  
Tel. No. 760-271-8458

**Grantee:**  
2021 Hwy 43 N Apt. 102  
Canton, MS 39046  
Tel. No. 601-672-4781

**WARRANTY DEED**

FOR AND IN CONSIDERATION of the sum of Ten and No/100 Dollars (\$10.00), cash in hand paid and other good legal, and valuable considerations, the receipt and sufficiency of which is hereby acknowledged, the undersigned **ROBERT G. WARD**, does hereby sell, convey and warrant unto **MARIE T. DIXON, MARY ALICE DIXON and BRITTANY SHAREE JENKINS**, as joint tenants with full rights of survivorship and not as tenants in common, the following described land and property situated in Madison County, Mississippi, to wit:

Street Address: 3152 Hwy 43 North  
Canton, MS 39046

A parcel of land lying and situated in the NW ¼ of Section 6, Township 9 North, Range 4 East, Madison County, Mississippi being more particularly described as follows:

Commence at a fence corner representing the SW corner of Section 31, Township 10 North, Range 4 East, Madison County, Mississippi and run thence N 90 degrees 00 minutes 00 seconds E for a distance of 1571.14 feet to a point; thence run S 0 degrees 00 minutes 00 seconds W for a distance of 795.19 feet to an iron pin on the south right of way of Highway 43 as per Federal Aid Secondary Project #S0519(17)A, which is the Point of Beginning of the parcel herein described. From the Point of Beginning run thence S 86 degrees 27 minutes 02 seconds W along said right of way for a distance of 39.24 feet to a point; thence run southwesterly along said right of way and along the arc of a curve to the right having a radius of 2914.91 feet, a delta angle of 4 degrees 31 minutes 00 seconds and an arc length of 229.81 feet for a distance of 229.81 feet to a point; thence run N 89 degrees 20 minutes 53 seconds W along said right of way for a distance of 13.89 feet to an iron pin; thence run S 4 degrees 19 minutes 00 seconds E for a distance of 399.72 feet to a point on the northerly right of way of Old Highway 16, which is a distance of 10.00 feet S 4 degrees 19 minutes 00 seconds E to an iron pin witness corner; thence run S 89 degrees 36 minutes 32 seconds E along said right of way for a distance of 283.49 feet to an iron pin; thence run N 4 degrees 19 minutes 01 seconds W along the westerly line of that parcel described in Book 419 at Page 446 for a distance of 409.58 feet to the Point of Beginning. The property is also known as Blocks 2 & 3, Square 6, Town Plat of Sharon, Madison County, Mississippi. This parcel contains 2.61 acres, more or less.

The 2020 taxes are hereby prorated between the parties and shall be assumed by Grantees herein.

Title history. Title was also formerly vested in Grantor's wife, Betty J. Ward, who departed this life on January 5, 2016. See Certificate of Death attached. Betty J. Ward's interest vested fully in Robert G. Ward by virtue of right of survivorship.

Excepted from the warranty hereof are all restrictive covenants, easements, rights of way and mineral reservations of record affecting said property.

WITNESS the signature of the Grantor this the 22 day of June

2020.

  
**ROBERT G. WARD**



STATE OF ARIZONA  
COUNTY OF Navajo

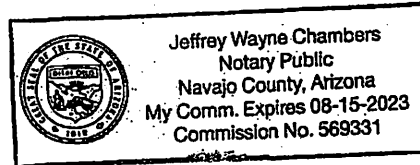
PERSONALLY appeared before me, the undersigned authority in and for the jurisdiction aforesaid, Robert G. Ward, who acknowledged to me that he signed and delivered the above and foregoing instrument of writing on the day and year therein mentioned.

GIVEN under my hand and seal, this the 22 day of June, 2020.

*Jeffrey Wayne Chambers*  
NOTARY PUBLIC

My Commission Expires:

08-15-2023



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF SAN DIEGO

BOOK 273 PAGE 444  
3201637000135  
LOCAL REGISTRATION NUMBER

3052016001489  
STATE FILE NUMBER

#### CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
COUNTY OF SAN DIEGO  
DEPARTMENT OF HEALTH SERVICES  
VITAL RECORDS DIVISION

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 1. NAME OF DECEDENT - FIRST (Last)<br><b>BETTY</b> |  | 2. MIDDLE<br><b>JANE</b>                             |  | 3. LAST NAME<br><b>WARD</b>                          |  |
| 4. DATE OF BIRTH<br><b>10/05/1949</b>              |  | 5. AGE YRS<br><b>65</b>                              |  | 6. SEX<br><b>F</b>                                   |  |
| 7. DATE OF DEATH<br><b>01/05/2016</b>              |  | 8. HOURS<br><b>1545</b>                              |  | 9. PLACE OF DEATH<br><b>HOME</b>                     |  |
| 10. MARRIAGE STATUS<br><b>MARRIED</b>              |  | 11. DECEDENT'S RACE<br><b>WHITE</b>                  |  | 12. YEARS IN OCCUPATION<br><b>30</b>                 |  |
| 13. OCCUPATION<br><b>INDEPENDENT DISTRIBUTOR</b>   |  | 14. TYPE OF BUSINESS OR INDUSTRY<br><b>NEWSPAPER</b> |  | 15. TYPE OF BUSINESS OR INDUSTRY<br><b>NEWSPAPER</b> |  |
| 16. OCCIDENT'S RESIDENCE<br><b>2455 NOVATO PL</b>  |  | 17. CITY<br><b>RAMONA</b>                            |  | 18. COUNTY<br><b>SAN DIEGO</b>                       |  |
| 19. STATE<br><b>CA</b>                             |  | 20. ZIP CODE<br><b>92065</b>                         |  | 21. YEARS IN COUNTY<br><b>85</b>                     |  |
| 22. DECEASED'S MARITAL STATUS<br><b>HUSBAND</b>    |  | 23. NAME OF SURVIVING SPOUSE<br><b>ROBERT WARD</b>   |  | 24. NAME OF SURVIVING SPOUSE<br><b>ROBERT</b>        |  |
| 25. NAME OF SURVIVING SPOUSE<br><b>GLEN</b>        |  | 26. NAME OF SURVIVING SPOUSE<br><b>WARD</b>          |  | 27. NAME OF SURVIVING SPOUSE<br><b>HANSCH</b>        |  |
| 28. NAME OF SURVIVING SPOUSE<br><b>WILMA</b>       |  | 29. NAME OF SURVIVING SPOUSE<br><b>WILMA</b>         |  | 30. NAME OF SURVIVING SPOUSE<br><b>WILMA</b>         |  |
| 31. PLACE OF DEATH<br><b>HOME</b>                  |  | 32. PLACE OF DEATH<br><b>HOME</b>                    |  | 33. PLACE OF DEATH<br><b>HOME</b>                    |  |
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| 298. PLACE OF DEATH<br><b>HOME</b>                 |  | 299. PLACE OF DEATH<br><b>HOME</b>                   |  | 300. PLACE OF DEATH<br><b>HOME</b>                   |  |

County of San Diego - Health & Human Services Agency - 3851 Rosemead Street - This is to certify that, by bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED.

*Wilma J. Wooten M.D.*  
WILMA J. WOOTEN, M.D., M.P.H.  
REGISTRAR OF VITAL RECORDS  
County of San Diego

DATE ISSUED: January 12, 2016

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar



## HOME SERVICE CONTRACT APPLICATION

|   |   |
|---|---|
| <input checked="" type="checkbox"/> NEW | (Coverage must be placed within 120 days of retail delivery)<br>Term in years: <u>5</u> |
|---|---|

| CONTRACT PERIOD | EFFECTIVE DATE | EXPIRATION DATE |
|-----------------|----------------|-----------------|
|                 | 10/05/2020     | 10/05/2025      |

| ACCOUNT CODE |
|--------------|
|              |

|                        |   |                         |   |  |  |
|------------------------|---|-------------------------|---|--|--|
| <b>CONTRACT HOLDER</b> | NAME<br>Mary Alice Dixon                      | <b>LOCATION OF HOME</b> | (IF DIFFERENT FROM MAILING ADDRESS AT LEFT) |  |  |
|                        | ADDRESS<br>423 CUMMINS ST                     |                         | ADDRESS<br>3152 HWY 43 N                    |  |  |
|                        | CITY STATE COUNTY ZIP<br>JACKSON MS 39204     |                         | CITY STATE COUNTY ZIP<br>CANTON MS 39046    |  |  |
|                        | TELEPHONE NUMBER<br>( )                       |                         |   |  |  |
| <b>LENDER</b>          | NAME<br>VANDERBILT MORTGAGE AND FINANCE, INC. | <b>CLIENT</b>           | NAME<br>HomeFirst Agency Inc                |  |  |
|                        | ADDRESS<br>PO BOX 9800                        |                         | ADDRESS<br>P.O. Box 9770                    |  |  |
|                        | CITY STATE COUNTY ZIP<br>MARYVILLE TN 37802   |                         | CITY STATE COUNTY ZIP<br>Maryville TN 37802 |  |  |
|                        | LOAN NUMBER                                   |                         | DATE OF RETAIL DELIVERY                     |  |  |

|                           |  |                                 |                         |
|---------------------------|--|---------------------------------|-------------------------|
| <b>RATING INFORMATION</b> | (MUST BE OWNER-OCCUPIED UNIT)  |                                 | CONTRACT PURCHASE PRICE |
|                           | COVERED UNIT IS:<br><input checked="" type="checkbox"/> NEW  | MANUFACTURER NAME<br>SO. ENERGY | \$799.00                |
|                           | COVERAGE OPTIONS:<br><input checked="" type="checkbox"/> HOME STRUCTURE COVERAGE <input type="checkbox"/> SYSTEMS COVERAGE<br><input type="checkbox"/> SYSTEMS COVERAGE <input type="checkbox"/> APPLIANCE COVERAGE*<br><input type="checkbox"/> APPLIANCE COVERAGE* |                                 |                         |

\* For contracts with terms in excess of 5 years, the term of coverage for appliances will not exceed 5 years from the effective date.

| DESCRIPTION OF YOUR HOME | YEAR | LENGTH | WIDTH | SERIAL NUMBER | PURCHASE DATE | PURCHASE PRICE |
|--------------------------|------|--------|-------|---------------|---------------|----------------|
|                          | 2020 | 72 FT  | 28 FT | SA4080615ALAB |               | \$80,189.67    |

### NOTICE TO BUYER

The purchase of this service contract is not mandatory and may be waived. The purchase of a contract is not required to obtain financing.

**DECLARATION:** THIS CONTRACT EXCLUDES EXISTING DEFECTS. The seller declares that all covered components are presently in place and working properly and will be at the time the buyer purchases the home, except as noted and excluded from coverage. Excluded items may be reinstated upon receipt of proof of repair.

**DEDUCTIBLE:** A \$50 deductible applies to each loss and to each covered component.

|  |                   |  |
|--|-------------------|--|
| BUYER'S SIGNATURE<br><i>Mary Alice Dixon</i> | DATE<br>10/6/2020 | PRINT BUYER'S NAME<br>Mary Alice Dixon |
| SELLER'S SIGNATURE<br><i>Chris Terry</i>     | DATE<br>10-5-2020 | PRINT SELLER'S NAME<br>Chris Terry     |

